



SAN JOSE POLICE DEPARTMENT



DIVISION OF MEDICAL MARIJUANA CONTROL

IDENTIFICATION BADGE/ BACKGROUND INSTRUCTIONS

Step 1- Fill out the new employee application:

If you are applying as an employee* at a Medical Marijuana Collective, you are required to fill out pages 1-7 of the Collective Employee Application.

If you are applying as a new manager you are required to fill out pages **1 and 2 in addition to pages 1-7 of the application**

Step 2- Make an appointment:

Once you complete the application, submit a request for an appointment at dmcc.appt@sanjoseca.gov to submit your paperwork and be fingerprinted at the San Jose Police Department.

Walk-ins are NOT accepted. You MUST schedule an appointment.

Step 3- Arrive at the San Jose Police Department *located at 201 West Mission St.* for your appointment:

At the time of your appointment you are required to bring the following:

- 1) Your **completed employee application** pages 1-7
- 2) Government issued photo identification card
- 3) Physician's recommendation for the medical use of marijuana
- 4) **\$200 processing fee for all new employees**
(**\$126 application fee and \$74 fingerprint fee**)

EXACT change only

Payments include: cash, credit cards, or checks made out to the City of San Jose.

When you arrive at the San Jose Police Department please tell the Officers in the front lobby you are here for a **Medical Marijuana Appointment**. They will then direct you back to the Permits Unit where a staff member of the Division will process your application.

Step 4- Receive your badge:

You will receive your Identification badge at the time of your appointment and you are ready to start working!

Reminder: This badge is property of the City of San Jose.

If you leave employment at the Collective, you are **NOT** permitted to keep this badge! You are required to turn over your Identification Badge to the Collective manager.

If you have any further questions, please call the Division of Medical Marijuana Control at (408) 537-1420 or email dmcc.appt@sanjoseca.gov

APPLICATION TO WORK AT A MEDICAL MARIJUANA COLLECTIVE: OWNER/ MANAGER

OWNER & MANAGER AFFIDAVIT

(To Be Completed By *Each* Owner & Manager)

“Owner” means any individual member of a collective having more than a ten percent interest, legal or equitable, or otherwise, in the collective (SJMC Section 6.88.255).

“Manager” means an individual who is a member of a medical marijuana collective and who, directly or indirectly, is engaged in the management of the medical marijuana collective as may be evidenced by the individual member being responsible for the establishment, organization, registration, supervision, or oversight of the operation of the collective and/or its members, which oversight may include but not be limited to the following: performing the functions of president, vice president, board member, director, owner, operating officer, financial officer, secretary, treasurer, supervisor or manager (SJMC Section 6.88.225).

OFFICIAL USE ONLY

___ **New Manager Badge**

Expiration date: _____

___ **Updated Manager badge**

Expiration date: _____

___ **Paid:** \$ _____

___ **Invoice:** \$ _____

COLLECTIVE NAME: _____

POSITION IN COLLECTIVE: ___ OWNER ___ MANAGER

I, the undersigned, declare under penalty of perjury that to the best of my knowledge, the information contained in this Application, and its supporting documentation, is truthful, correct, and complete; and, the information contained in this Application, and its supporting documentation, discloses all material facts regarding the applicant and associated individuals necessary to allow the City of San Jose to properly evaluate the applicant's qualifications for Registration.

Upon the City's request, I promise to provide the City with evidence reasonably satisfactory to the City confirming the foregoing representations and warranties.

I will ensure that any information subsequently submitted to the City in conjunction with this application or its supporting documentation meets the same standard as set forth above.

I understand that this Application may be classified as a public record and may be available for inspection by the public, except with regard to the release of information which is classified as controlled, private, or protected under the California Public Records Act or otherwise restricted by law.

I acknowledge that I may be required to provide additional information, as needed, for a complete investigation and hereby agree to provide the information within ten (10) calendar days of the date of the request.

I further understand that any misrepresentations, omissions or falsifications may result in the applicant being disqualified from the Registration process and/or the Registration, once issued, subsequently being deemed null and void by the City.

Print Name:	
Position in Collective:	
Signature:	
Date:	
Address:	
City, State, Zip	
Contact Phone No.	
Contact E-mail Address	

APPLICATION TO WORK AT A MEDICAL MARIJUANA COLLECTIVE: OWNER/ MANAGER

**OWNER/MANAGER CONSENT FOR INSPECTION OF LOCATION/PREMISES
AND INSPECTION AND COPYING OF RECORDS**

(To Be Completed by *Each* Owner & Manager)

I, the undersigned, declare that I am an owner or manager for the applicant described and identified in this Application.

COLLECTIVE NAME: _____

I authorize the City Manager, the Chief of Police, and their respective designees to inspect and copy any recordings and records required to be maintained under Chapter 6.88 of the San Jose Municipal Code, without requiring them to obtain a search warrant, subpoena or court order, at any time and without notice during regular hours of operation and at any other time upon reasonable notice.

I, the undersigned, further authorize the City Manager, the Chief of Police and their respective designees to inspect every Location and Premises operated by the applicant, without requiring a search warrant or court order, at any time and without notice during regular hours of operation and at any other time upon reasonable notice.

A copy of this Consent Form shall be as valid as, and provide the same authorization as, the original.

OWNER OR MANAGER NAME

DATE OF BIRTH

SIGNATURE

DATE